

STATE OF IDAHO
COBRA Monthly Premium Rates
Effective 7/1/2006 through 6/30/2007

RETIRED EMPLOYEE PLAN:

Only dependents losing eligibility for the retiree group medical plan are eligible.

	Traditional Plan \$4,000 Prescriptions Drug Cap	Traditional Plan Unlimited Prescriptions	PPO Plan \$4,000 Prescription Drug Cap	PPO Plan Unlimited Prescriptions
<i>Without Medicare</i>				
Spouse	\$318	\$396	\$310	\$388
Child(ren)	\$123	\$204	\$114	\$196
Spouse + child(ren)	\$441	\$600	\$424	\$584
<i>One on Medicare</i>				
Spouse	\$196	\$274	\$196	\$274
Child(ren)	\$123	\$204	\$114	\$196
Spouse + child(ren)	\$319	\$478	\$310	\$470

PAYMENT OF PREMIUM

You will be billed by Blue Cross of Idaho.

*Note: If you are eligible for the 29 month continuation of coverage you will be charged 150% of group rates for months 19 through 29 and will be advised of such rates by your plan carrier.